

INDEPENDENT SCHOOL DISTRICT 196  
Rosemount-Apple Valley-Eagan Public Schools  
*Educating our students to reach their full potential*

Employee's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Position \_\_\_\_\_

Employee # \_\_\_\_\_

School/Department \_\_\_\_\_

Series Number 406P Adopted August 2000 Revised February 2023  
Title Emergency Information – Employees

Home Phone \_\_\_\_\_  Unlisted Home email \_\_\_\_\_ Cellular \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Person to contact in an emergency:**

1. (Last name, first name) \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cellular \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. (Last name, first name) \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cellular \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Optional:**

Pertinent Health Information (severe allergies, etc.)  
\_\_\_\_\_

In case of serious accident or illness, I hereby authorize Dr. \_\_\_\_\_ to give necessary treatment and/or information.

You may call him/her at phone \_\_\_\_\_

To Employee:

Your welfare is our first consideration. In the event of a serious injury or illness at work, the following steps will be taken immediately: the school nurse (if on duty) will be called; emergency line 911 will be called, if deemed necessary, and the person designated on this emergency card will be called. If none of the persons listed can be reached, school personnel will implement emergency procedures to protect your health.

Please complete this card so we can keep our records up-to-date and initiate emergency care quickly. This information is confidential and may be shared with emergency personnel when necessary. Your signature acknowledges permission to release information to emergency personnel. If there are any significant changes in your health, please call to keep the school nurse informed.

Date \_\_\_\_\_ Signature of Employee **X** \_\_\_\_\_